

BEST AVAILABLE COPY      BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SIGNAL NO. 097445991		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1					51			
2		1		1			52			
3							53			
4		1	3	1	1		54			
5			3	1	1		55			
6		1		1	1		56			
7		1		1	1		57			
8		1		1	1		58			
9							59			
10		1		1	1		60			
11		1		1	1		61			
12		1		1	1		62			
13				1	1		63			
14				1	1		64			
15				1	1		65			
16		1		1	1		66			
17		1		1	1		67			
18		1		1	1		68			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.		1		1						
TOTAL DEP.	20	↓	17	↓	↓					
TOTAL CLAIMS	21	↓	18	↓	↓					